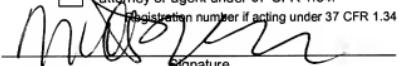


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) P0786.70000US05	
Application Number	08/405,454	Filed March 15, 1995	
For ANTIVENOM COMPOSITION CONTAINING FAB FRAGMENTS			
Art Unit 1637	Examiner	M. P. Woodward	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	Fee \$490	Small Entity Fee \$245	\$ 490.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	Fee \$1110	Small Entity Fee \$555	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	Fee \$1730	Small Entity Fee \$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	Fee \$2350	Small Entity Fee \$1175	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> . <small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <small>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</small> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,276</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <small>Registration number if acting under 37 CFR 1.34</small> _____			
 Signature		<u>March 21, 2011</u> Date	
<u>Michael T. Siekman</u> Typed or printed name		<u>617.646.8000</u> Telephone Number	
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: March 21, 2011

Electronic Signature for Heather A. McLennan: /Heather A. McLennan/